PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				Filing Date		10/518,811-Conf. #3607 July 11, 2005			
									For FY 2009
						CHU, Michael A.			
Applicant claims small entity status. See 37 CFR 1		us. See 37 CFR 1.2	7	Art Unit		3766			
TOTAL AMOUNT OF PAYMENT		(\$) 0.00	(\$) 0.00		Attorney Docket No. 2		22409-00113-US		
METHOD OF	PAYMENT (check	all that apply)							
Check	X Credit Card	Money Order	No	ne Other (please identify):			
Deposit Ac	count Deposit Account N	Number: 22-	0185	Deposit	Account Name:	Connolly Bo	ve Lodge 8	k Hutz LLP	
For the	above-identified depo	sit account, the D	irector is	hereby authorize	ed to: (check	all that apply)		
c	harge fee(s) indicated	below		Charg	e fee(s) indi	cated below,	except for t	he filing fee	
X Cl	harge any additional f e(s) under 37 CFR 1.	ee(s) or underpay 16 and 1.17	ments o	f x Credit	any overpa	yments			
FEE CALCU	LATION								
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE	ES .						
	FII	LING FEES	SE.	ARCH FEES	EXAMIN	ATION FEES	3		
Application T	ype Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES							Small Entit	
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52	26	
-	•	uding Reissues)					220	110	
Multiple depend		- (A)	_	- · · · (A)			390	195	
<u>Total Claims</u>			Fee Paid (\$)		<u>Multiple Depender</u> Fee (\$)				
HP = highest num	ber of total claims paid for	_ x = , if greater than 20.		-	ree	<u>: (a)</u>	Fee Paid (5)	
Indep. Claims	Extra Claims Fee (\$)		Fee Paid (\$)						
HP = highest num	- = ber of independent claims	_ x =							
3. APPLICATION If the specification listings und	•	sceed 100 sheets of the application size	of paper se fee du	ie is \$270 (\$135 f	onically file for small en	ed sequence of tity) for each a	r computer additional 5	0	
Total Sheet	ts Extra Sheet	s <u>Number</u>	of each a	dditional 50 or fra	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)	
	100 =	/50 =		(round up to a who	ole number) >	·	=		
4. OTHER FEE(• •	0 foo (no11	عالا بعد	t)			<u>Fees</u>	Paid (\$)	
_	Specification, \$130	,	nty disc	ount)					
Otner (e.g.,	late filing surcharge):	<u> </u>							
SUBMITTED BY				I Desilated N					
Signature	/Michael G. Verga	a/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 331-7111		
Name (Print/Type)	Michael G. Verga					Date	November	30, 2009	